

Patient: _____

Date: _____

Completed by: _____ Relationship to patient: _____

Help Me Have a Good Medical Visit

Things that help my visit: (mark all that apply)							
<input type="checkbox"/>	Prefer early day	<input type="checkbox"/>	Limit time in waiting room	<input type="checkbox"/>	Extra staffing needed	<input type="checkbox"/>	Special help for blood draw or injection
<input type="checkbox"/>	Prefer end of day	<input type="checkbox"/>	Limit time for whole visit	<input type="checkbox"/>	Special exam positioning	<input type="checkbox"/>	May need sedation
Other visit needs (such as <i>ways to keep my mind off what's happening</i>):							
I communicate with (such as <i>voice, sounds, signs, device</i>):							
I understand better if you: (mark all that apply)							
<input type="checkbox"/>	Speak simply	<input type="checkbox"/>	Use gestures	<input type="checkbox"/>	Write it down	<input type="checkbox"/>	Look at me when you speak
<input type="checkbox"/>	Speak quietly	<input type="checkbox"/>	Use pictures	<input type="checkbox"/>	Ask me to repeat back	<input type="checkbox"/>	Use Sign Language
<input type="checkbox"/>	Speak slowly	<input type="checkbox"/>	Speak louder	<input type="checkbox"/>	Repeat things to help me understand	<input type="checkbox"/>	Talk to my caregiver
I am triggered by (such as <i>noise, smells, sounds, texture</i>):							
Response behavior:				How to help:			
My response to a medical exam is (generally):							
<input type="checkbox"/>	Fully cooperative	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	Resistant	<input type="checkbox"/>	Aggressive
My response to pain is (generally):							
<input type="checkbox"/>	Typical	<input type="checkbox"/> Unique (such as <i>getting quiet</i>):					
Cautions (such as: <i>physical responses, eating non-food, choking, unsteady walking</i>):							
Things I like at a health care visit:				Things I don't like at a health care visit:			